

Nevada Military Department Joint Regulation

NVARNG 608-4
NVANG 36-2607

Nevada Military Department
Office of the Adjutant General
2460 Fairview Drive
Carson City, Nevada 89701

14 March 2006

Effective: 1 April 2006

Patriot Relief Account

Summary: This regulation implements policy, procedures and instructions for obtaining benefits under the provisions of the Patriot Relief Account established by state legislation under Assembly Bill 580 (AB 580).

Applicability: The regulation applies to all members of the Nevada Air National Guard and Nevada Army National Guard.

Interim Changes: Interim changes to this regulation are not official until authenticated by the Chief of Information Services, NVMD-AIS-IS. Users will destroy interim changes on their expiration date unless sooner superseded or rescinded.

Supplementation: Supplementation of this regulation is prohibited without prior approval of the Nevada National Guard Director of Manpower and Personnel (J1).

Suggested Improvements: The proponent agency for this regulation is the Nevada National Guard Directorate of Manpower and Personnel (J1). Users are invited to send comments and suggested improvements on a DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Nevada National Guard J1, ATTN: Deputy Director Army Personnel, 2460 Fairview Drive, Carson City, NV 89701.

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Chapter 1. General

- 1-1. **Purpose.** In 2005, the Nevada State Legislature enacted legislation amending Section 412 of the Nevada Revised Statutes and creating the Patriot Relief Account. Members of the Nevada National Guard may be eligible to receive certain benefits from the Patriot Relief Account to include: (1) Reimbursement of expenses for textbooks; (2) Reimbursement of Servicemember's Group Life Insurance (SGLI) premiums while deployed in support of the Global War on Terrorism (GWOT); and (3) Monetary relief from economic hardship caused by a servicemember's deployment in support of the GWOT. This regulation establishes eligibility requirements and prescribes procedures for applying for benefits under the Patriot Relief Account.
- 1-2. **References.** Assembly Bill 580 (AB 580), Section 42, Amendment to the Nevada Revised Statutes (NRS) Section 412, establishing the Patriot Relief Account, effective 1 July 2005.
- 1-3. **Responsibilities.**
 - 1-3.1. The Adjutant General (TAG). Overall responsibility for implementing, operating and maintaining the Patriot Relief Account Program. Develops regulations necessary to administer the program.
 - 1-3.2. Nevada National Guard Directorate of Manpower and Personnel (J1). J1 is the military Office of Primary Responsibility for administration of the Patriot Relief Account Program and is the functional proponent for this regulation.
 - 1-3.3. Nevada National Guard State Administrative Office (State Admin). State Admin is responsible for the practical administration of the program. Practical administration includes receiving and processing applications, convening review boards as necessary and disbursing funds to eligible applicants.
 - 1-3.4. Commanders. Commanders at all levels will ensure their Soldiers and Airmen are made aware of Patriot Relief Account benefits to which they may be entitled.
 - 1-3.5. Individual Servicemembers. Individual members of the Nevada National Guard who wish to apply for Patriot Relief Account benefits will comply with the procedures set forth in this regulation.
- 1-4. **Fraudulent Claims.** Servicemembers who submit fraudulent claims for benefits under this program are subject to punishment under the provisions of the Nevada Code of Military Justice as set forth in Section 412 of the Nevada Revised Statutes.

Chapter 2. Textbook Reimbursement.

- 2-1. **Definition.** Under AB 580, the Nevada State Legislature amended Section 42 of the Nevada Revised Statutes to establish the Patriot Relief Account. In part, the Patriot Relief Account provides for the reimbursement of expenses for textbooks required for a course of study at an approved education institution.
- 2-2. **Eligibility.** Members of the Nevada National Guard are eligible for textbook reimbursement if they are currently eligible to participate in the State Tuition Waiver Program. Specifically, members may apply for textbook reimbursement if they meet the following criteria:
- 2-2.1. Be an active member in good standing of a Nevada National Guard unit, and maintain that standing throughout the entire semester for which textbook benefits are requested.
- 2-2.2. Be enrolled in a State of Nevada Higher Education Institution which is part of the University and Community College System of Nevada (UCCSN). Institutions currently part of the UCCSN are: University of Nevada (Reno and Las Vegas), Community College of Southern Nevada, Nevada State College, Western Nevada Community College, Truckee Meadows Community College and Great Basin College.
- 2-2.3. Completion of courses with a final grade of “C” or better.
- 2-2.4. Completion and submission of all applicable forms and supporting documents by the suspense dates for each semester (15 June – Spring, 31 August – Summer, 31 January – Fall).
- 2-3. **Application Procedures.**
- 2-3.1. **Complete an application for textbook reimbursement.** A blank application can be found at Appendix B of this regulation. Local reproduction of the form is authorized and encouraged. Blank applications and forms may also be obtained from the State Admin Office or from the Nevada National Guard intranet site (<https://nv-web.nv.ngb.army.mil>) under the Personnel button at the J1 Folders/Links webpage. **Applicants must also complete a State of Nevada Vendor Registration Form** and include it with their application package. A blank Vendor Registration Form is located at Appendix A and may also be obtained directly from the State Admin Office or downloaded from the intranet site.
- 2-3.2. **Submit the application, Vendor Registration Form, course syllabus with required book list, original receipt and unofficial transcript to:**
- 2-3.2.1. **Air Guard Members:** NVANG Retention Office, 1776 National Guard Way, Reno NV, 89502. Retention Office phone number is (775) 788-4543.

- 2-3.2.2. Army National Guard Members: NVNG Education Services Office, 2460 Fairview Drive, Carson City NV, 89701. Education Services Office phone number is (775) 887-7326.

Chapter 3. SGLI Premium Reimbursement.

- 3-1. **Definition.** The Patriot Relief Account provides for the reimbursement of SGLI Premiums paid by members during periods of mobilization and deployment in support of the Global War on Terrorism.
- 3-2. **Eligibility.** Members of the Nevada National Guard (Air or Army) are eligible to receive reimbursement of SGLI premiums they paid while they were called to active duty under Title 10, U. S. C., either within the continental United States (CONUS) or outside of it (OCONUS). Mobilizations and deployments must be specifically in support of the Global War on Terrorism to qualify under the eligibility requirements of the Patriot Relief Account.
- 3-3. **Application Procedures.**
- 3-3.1. **Complete an application for SGLI reimbursement.** A blank application can be found at Appendix C of this regulation. Local reproduction of the form is authorized and encouraged. Blank applications and forms may also be obtained from the State Admin Office or from the Nevada National Guard intranet site (<https://nv-web.nv.ngb.army.mil>) under the Personnel button in the J1 Folders/Links webpage. **Applicants must also complete a State of Nevada Vendor Registration Form** and include it with their application package. A blank Vendor Registration Form is located at Appendix A and may also be obtained directly from the State Admin Office or downloaded from the intranet site.
- 3-3.2. **Submit the application, Vendor Registration Form, copy of the military order showing the period of Title 10 active duty service, and proof of SGLI premiums paid during the mobilization (Leave and Earnings Statements) to the State Admin Office** within 60 days after your release from active duty (REFRAD). Applications and documentation may either be hand-carried or mailed to: Office of the Military, ATTN: STATE ADMIN, 2460 Fairview Drive, Carson City NV 89701-6807. The State Admin Office phone number is (775) 884-8460.
- 3-3.3. A representative from the State Admin Office will contact you after your application has been processed and will update you on the status of your claim.

Chapter 4. Monetary Relief from Economic Hardship.

- 4-1. **Definition.** The Patriot Relief Account provides for disbursement of monetary relief to Soldiers, Airmen and their families who experience significant financial hardships caused

by the servicemember's mobilization and deployment in support of the Global War on Terrorism.

- 4-2. **Eligibility.** Members of the Nevada National Guard (Air or Army) may be eligible to receive monetary relief from financial hardships caused by their call to active duty under Title 10, U. S. C., either within the continental United States (CONUS) or outside of it (OCONUS). Mobilizations and deployments must be specifically in support of the Global War on Terrorism to qualify under the eligibility requirements of the Patriot Relief Account, and members/families must be able to provide documentary evidence in order to demonstrate the hardship (i.e. must be able to show inability to pay bills such as their house payment/rent, doctor bills, etc.).
- 4-3. **Application Procedures.**
- 4-3.1. **Complete an application for Monetary Relief From Economic Hardships.** A blank application can be found at Appendix D of this regulation. Local reproduction of the form is authorized and encouraged. Blank applications and forms may also be obtained from the State Admin Office or from the Nevada National Guard intranet site (<https://nv-web.nv.ngb.army.mil>) under the Personnel button in the J1 Folders/Links webpage. **Applicants must also complete a State of Nevada Vendor Registration Form** and include it with their application package. A blank Vendor Registration Form is located at Appendix A and may also be obtained directly from the State Admin Office or downloaded from the intranet site.
- 4-3.2. **Submit the application, Vendor Registration Form, copy of the military order showing the period of Title 10 active duty service, proof of civilian pay amount for the month before being called to active duty, proof of the active duty monthly pay amount, and documentary evidence of the financial hardship** (collection notice, eviction notice, account statements showing payment delinquency, etc.) **to the State Admin Office** not later than 30 days after the end of the month for which hardship is claimed. Applications and supporting documentation may either be hand-carried or mailed to: Office of the Military, ATTN: STATE ADMIN, 2460 Fairview Drive, Carson City NV 89701-6807. The State Admin Office phone number is (775) 884-8460.
- 4-3.3. **Eligibility Committee:** The State Admin Office will convene an Eligibility Committee meeting once a month or as needed to review applications for monetary relief. The committee will be composed of one member of the Army Guard, one member of the Air Guard and a member from the State Admin Office. Military members of the Eligibility Committee will be in the grade of O5 and above. The committee will review applications and arrive at a decision to grant or deny monetary relief. If monetary relief is granted, the committee will determine the amount, frequency and total number of relief payments. Decisions of the committee will be based solely on the evidence presented in the application and are final. Members who have been denied monetary relief may reapply if their situations change and if they can demonstrate a hardship in accordance with the criteria outlined in this regulation.

1 April 2006

- 4-3.4. Status of Claims. Once the claim application has been processed reviewed by the Eligibility Committee, a representative from the State Admin office will contact you and update you on the status of your claim.

BY ORDER OF THE GOVERNOR:



OFFICIAL:

LINDA A. LINDSAY
SFC, NVARNG
Chief, Information Services

DISTRIBUTION:
C



STATE OF NEVADA
CONTROLLER'S OFFICE
VENDOR REGISTRATION

555 E WASHINGTON AVE STE 4300
LAS VEGAS NV 89101-1071
702/486-3810 or 702/486-3856
FAX: 702/486-3813 or 775/684-5697
vendordesk@controller.state.nv.us

Instructions for Completion by the Vendor Representative

State agency contact/phone:

1. This form is a substitute IRS form W-9.
2. The Vendor Representative must PRINT or TYPE the information except for signature.
3. Faxes are acceptable.
4. Payment will not be made until the completed form is received and processed.
5. This form is not to be used for State employee reimbursements.
6. This form is for payees of the State of Nevada only.
7. This form is for United States companies only.
8. Vendor is responsible for reporting changes to Vendor Services.
9. Additional instructions are on the back of this form.
10. Asterisk (*) indicates required information.

Vendor General Information

* Legal Business Name	Max. 50 characters		
* Business Name <i>Provide if different from above.</i>	Max. 50 characters		
* Address	Max. 30 characters		
* City, State, Zip	City	State	Zip Code
E-mail Address			
* Phone/Fax Numbers	Area Code / Phone	Area Code /	Fax
Primary Contact	Max. 30 characters		
Backup Withholding	<input type="checkbox"/> Exempt <i>Based on IRS guidelines for Payees Exempted from Backup Withholding.</i>		

Payment Information

* Federal Taxpayer Identification Number	EIN/SSN		<input type="checkbox"/> Employer Identification Number <input type="checkbox"/> Social Security Number
* Vendor Indicators <i>Check all that are applicable. At least one box other than in-state must be checked in column one or two.</i>	<input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Government <input type="checkbox"/> Tax Exempt/Nonprofit <input type="checkbox"/> In-state	<input type="checkbox"/> Doctor or Medical Facility <input type="checkbox"/> Attorney or Legal Facility <input type="checkbox"/> DBE DBE Certificate #
Direct Deposit (EFT) <i>Optional.</i>	<input type="checkbox"/> Checking Account <i>Provide copy of voided check for checking account.</i> <input type="checkbox"/> Savings Account <i>Provide letter with savings account number.</i>	Bank: Routing #: Account #:	

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including U.S. resident alien).

* Signature of U.S. Person _____ Print Name & Title of Person Completing Form _____ Date _____

For Controller's Office Use Only

Primary 1099 Vendor <input type="checkbox"/> 1099 Indicator <input type="checkbox"/> Yes <input type="checkbox"/> No Entered By _____ Date _____	Comments _____
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Instructions for Completion by the Vendor Representative

The Vendor Representative must PRINT or TYPE the information except for signature.

Legal Business Name/Owner's or Individual's Name	Required. Business/individual name must be exactly the same as used for Federal Tax reporting purposes. Maximum of 30 characters per line.						
Business Name <i>Provide if different from above.</i>	If a business uses a social security number for the Federal Taxpayer Identification number, the person's name associated with the social security number must be entered on the first line and the "doing business as" (DBA) name entered on the second line. Per the IRS use the owner's social security number for a proprietorship.						
Address	The following examples show how to list a DBA when using a Taxpayer Business ID or a Social Security number. <table border="0"> <tr> <td><u>Taxpayer Business ID</u></td> <td><u>Social Security Number</u></td> </tr> <tr> <td>Mountain Springs Inc DBA</td> <td>Smith, David DBA</td> </tr> <tr> <td>Spring Water Distributors</td> <td>Dave's Towing</td> </tr> </table>	<u>Taxpayer Business ID</u>	<u>Social Security Number</u>	Mountain Springs Inc DBA	Smith, David DBA	Spring Water Distributors	Dave's Towing
<u>Taxpayer Business ID</u>	<u>Social Security Number</u>						
Mountain Springs Inc DBA	Smith, David DBA						
Spring Water Distributors	Dave's Towing						
City, State, Zip	Required. The address must be exactly the same as used for Federal Tax reporting purposes. Maximum of 30 characters.						
E-mail Address	To submit additional remittance addresses, use the Additional Remittance Address form.						
Phone Number	Required. Use USPS two-character state abbreviations.						
Fax Number	Provide complete e-mail address when available.						
Primary Contact	Required. Include area code.						
Backup Withholding	Provide when available. Include area code.						
Federal Taxpayer Identification Number	Maximum of 30 characters.						
Vendor Indicators	Check the Exempt box if the person or business is exempted from IRS backup withholding. To determine eligibility for exempted status, see "Instructions for Requestor of Form W-9" at www.irs.gov . Required. The Taxpayer ID will be a taxpayer business ID for businesses or a social security number for individuals. However, if a business uses a social security number for the Federal Taxpayer Identification number, the person's name associated with the social security number must be entered on the first line and the DBA entered on the second line of the Business or Individual's Name area. Per the IRS use the owner's SSN for a proprietorship. Required. Check all that are applicable. Individual – A person that has no association with a business. Proprietorship – A business owned by one person. Partnership – A business with more than one owner and not a corporation. Corporation – A business that may have many owners with each owner liable only for the amount of his investment in the business. Government – The federal government, a state or local government, or instrumentality, agency, or subdivision thereof. Tax Exempt/Nonprofit – Organization exempt from federal income tax under section 501(a) of the Internal Revenue Code. In-state – A vendor having a Nevada address. Doctor or Medical Facility – Person or facility related to practice of medicine. Attorney or Legal Facility – Person or facility related to practice of law. Disadvantaged Business Enterprise (DBE) – A small business enterprise that is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals. Provide certification number. See http://www.nevadadbce.com for certification information.						
Direct Deposit (EFT)	Optional. If the direct deposit will be made into a checking account, a copy of a voided check for the account must be provided. If the direct deposit will be made into a savings account, a letter must be provided listing the bank name, routing number and account number. Deposit slips will not be accepted, as they do not contain all necessary information.						
* Signature of U.S. Person	For information on certification, refer to IRS Form W-9.						

Mail or fax completed Vendor Registration form to Vendor Services.
 Request form for changes or deletions.

NEVADA NATIONAL GUARD TEXTBOOK REIMBURSEMENT APPLICATION
(SEE REVERSE FOR INSTRUCTIONS)

Date: _____

Control No: _____

NRS Chapter 412 provides for reimbursements to members of the Nevada National Guard for the cost of textbooks required for a course of study in which the member is enrolled at an institution with the University and Community College System of Nevada.

PART A - PERSONAL INFORMATION									
Print Name (Last, First, MI):					Rank:		SSN:		
Affiliation: (circle one)		ARMY	AIR	Unit:					
Mailing Address:				Home Phone:					
City, State, Zip				Work Phone:					
E-Mail:				Cell Phone:					
PART B - EDUCATION INFORMATION									
College/University attended: (circle one)		UNR	UNLV	NSC	TMCC	WNCC	CCSN	GBC	
Total Credit Hours Enrolled:		Term (circle one):		Fall	Spring	Summer	Year:		
Class Title		Begin Date	End Date	Textbook Title				Cost	
Total Reimbursement Request =									
PART C - MEMBER CERTIFICATION									
I certify that the above information is true and correct									
Member's Signature:						Date:			
PART D - UNIT REPRESENTATIVE CERTIFICATION									
I hereby certify that this individual is currently a member in good standing (IAW AR 600-200 or ANGI 36-2001) of the Nevada National Guard, and I will notify the Nevada National Guard Education Office of any changes in this individual's status.									
Unit Full-Time Representative Printed Name:									
Unit Representative Signature:						Date:			
PART E - CONTROL NUMBER MANAGER									
I certify that the textbooks for which reimbursement is sought are consistent with the related syllabus and/or transcript, and that the reimbursement claimed is consistent with the receipt(s) presented.									
Control Number Manager Printed Name:									
Control Number Manager Signature:						Date:			
FOR STATE ADMIN OFFICE USE ONLY							SFY	PV	
Line #	Fund	Agency	Org	Sub Org	Appr Unit	Object	Control Number	Amount	
01	101	431	0000	-----	365315	7652		\$	
Description: Textbook reimbursement					P3	Date	P4	Date	

Application Instructions

1. Fill out form completely. (*Unanswered blocks may be reason for denial of benefit*).
2. Member sign form.
3. Unit Representative sign form.
4. Ensure you have included ALL required documentation.
5. Send form to below address. (*Ensure you adhere to the deadlines*).

All applications MUST include the following:

1. Unofficial transcript ("C" or better average per class).
2. Original fee receipt for purchase of textbooks (not credit card slip).
3. Copy of the front page of syllabus for each class taken.
4. Textbook reimbursement application completed and signed by member and Unit Rep.
5. Completed Vendor Registration Form.

Applications must be mailed or hand carried to the following address:

ARMY -
NEVADA MILITARY DEPT.
OFFICE OF THE ADJUTANT GENERAL
ATTN: NVNG Education Services Office
2460 FAIRVIEW DRIVE
CARSON CITY, NV 89701-6807
(775) 887-7326

AIR -
NEVADA AIR NATIONAL GUARD
ATTN: NVANG Retention Office
1776 NATIONAL GUARD WAY
RENO, NV 89502
(775) 788-4543

REIMBURSEMENT DEADLINES

APPROVED Applications must be mailed or hand carried to the following address:

OFFICE OF THE MILITARY
ATTN: STATE ADMIN
2460 FAIRVIEW DRIVE
CARSON CITY, NV 89701-6807
(775) 884-8460

Spring Semester - (Needs to be in the State Admin Office Carson City NLT)	15 June
Summer Semester - (Needs to be in the State Admin Office Carson City NLT)	31 August
Fall Semester - (Needs to be in the State Admin Office Carson City NLT)	31 January

THERE IS NO GRACE PERIOD

Incomplete applications or applications received after the indicated deadline dates will not be considered.

**NEVADA NATIONAL GUARD
SERVICEMAN'S GROUP LIFE INSURANCE PREMIUM REIMBURSEMENT APPLICATION**

Date: _____

Control No: _____

NRS Chapter 412 provides for reimbursements to members of the Nevada National Guard for the cost of premiums on a policy of Serviceman's Group Life Insurance (SGLI) when the member is called to active duty.

PART A - PERSONAL INFORMATION

Print Name (Last, First, MI):				Rank:		SSN:	
Affiliation: <i>(circle one)</i>		ARMY	AIR	Unit:			
Mailing Address:				Home Phone:			
City, State, Zip				Work Phone:			
E-Mail:				Cell Phone:			

PART B - APPLICATION INSTRUCTIONS

1. Fill out form completely. *(Unanswered blocks may be reason for denial of benefit).*
2. Completed application to be filed with Office of the Military, State Admin office, within 30 days of return from active duty.
3. Member sign form.
4. Ensure you have included ALL required documentation.
5. Send form to below address. *(Ensure you adhere to the deadlines).*

All applications MUST include the following:

1. Proof of payment of SGLI premiums – copies of military Leave & Earnings Statement (LES) - copy of LES at beginning of period and copy of LES at end of period of active duty.
2. Copy of Military Order to show period of active duty.
3. Completed Vendor Registration Form.

AMOUNT REQUESTED

\$

PART C - MEMBER SIGNATURE

Member's Signature:	Date:
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Applications must be mailed or hand carried to the following address:

**OFFICE OF THE MILITARY
ATTN: STATE ADMIN
2460 FAIRVIEW DRIVE
CARSON CITY, NV 89701-6807
(775) 884-8460**

THERE IS NO GRACE PERIOD

Incomplete applications or applications received after the indicated deadline date will not be considered.

FOR STATE ADMIN OFFICE USE ONLY

SFY

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Line #	Fund	Agency	Org	Sub Org	Appr Unit	Object	Control Number	Amount
01	101	431	0000	-----	365315	7653		\$
Description: SGLI premium reimbursement					P3	Date	P4	Date

NEVADA NATIONAL GUARD
APPLICATION FOR MONETARY RELIEF FROM ECONOMIC HARDSHIPS
(SEE REVERSE FOR INSTRUCTIONS)

Date: _____

Control No: _____

NRS Chapter 412 provides for monetary relief from economic hardships experienced by members of the Nevada National Guard who have been called into active service.

DEADLINE FOR SUBMISSION									
Within 30 days of end of month for which hardship is claimed.									
PART A - PERSONAL INFORMATION									
Print Member Name (Last, First, MI):					Rank:		SSN:		
Affiliation: <i>(circle one)</i>		ARMY		AIR		Unit:			
Mailing Address:						Home Phone:			
City, State, Zip						Work Phone:			
E-Mail:						Cell Phone:			
Relationship to Member:					AMOUNT REQUESTED		\$		
Print Your Name:									
Signature:						Date:			
PART B - REQUIREMENTS									
1. Completed application form to be filed with Office of the Military, State Admin office.									
2. Proof of civilian pay for one month prior to being called to active duty.									
3. Proof of active duty pay for a full month of military pay.									
4. Copy of Military Order to show period of active duty.									
5. Completed Vendor Registration Form.									
6. Unit Representative sign form.									
PART C - UNIT REPRESENTATIVE CERTIFICATION									
I hereby certify that this individual is currently a member in <u>good standing</u> (IAW AR 600-200 or ANGI 36-2001) of the Nevada National Guard, and I will notify the Nevada National Guard, State Admin office of any changes in this individual's status.									
Unit Full-Time Representative Printed Name:									
Unit Representative Signature:						Date:			
FORWARD COMPLETED APPLICATION TO: OFFICE OF THE MILITARY ATTN: STATE ADMIN 2460 FAIRVIEW DRIVE CARSON CITY, NV 89701-6807 (775) 884-8460									
FOR STATE ADMIN OFFICE USE ONLY						SFY		PV	
Line #	Fund	Agency	Org	Sub Org	Appr Unit	Object	Control Number	Amount	
01	101	431	0000	-----	365315	7654		\$	
Description:					P3	Date	P4	Date	

(For Eligibility Committee Use Only)

The Eligibility Committee has reviewed this request and it is:

☐ Approved ☐ Disapproved on _____
(date)

Explanation/Comments:

Payable at \$_____ per month, not to exceed a total of \$_____

Air National Guard Representative's Printed Name:

Air National Guard Representative's Signature:

Army National Guard Representative's Printed Name:

Army National Guard Representative's Signature:

State Admin Representative's Printed Name:

State Admin Representative's Signature: